



IFW

MICRON.111C1

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Raina et al.	Group Art Unit 2879
Appl. No.	:	10/644,443	
Filed	:	August 19, 2003	
For	:	NITROGEN AND PHOSPHOROUS DOPED AMORPHOUS SILICON AS RESISTOR FOR FIELD EMISSION DISPLAY DEVICE BASEPLATE	
Examiner	:	Roy, Sikha	

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 15, 2004, please amend the above-identified application as indicated below.

Amendments to the Specification begin on page 2 of this paper.

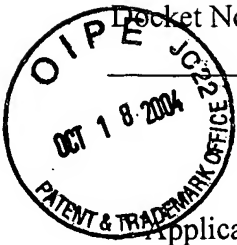
Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 5 of this paper.

10/20/2004 GWORDOF1 00000051 10644443

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110.00 OP



Locket No.: MICRON.111C1

Customer No.: 20,995

AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Raina et al.
App. No. : 10/644,443
Filed : August 19, 2003
For : NITROGEN AND
PHOSPHOROUS DOPED
AMORPHOUS SILICON AS
RESISTOR FOR FIELD
EMISSION DISPLAY DEVICE
BASEPLATE
Examiner : Roy, Sikha
Art Unit : 2879

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

October 15, 2004

(Date)

Lang J. McHardy, Reg. No. 50,591

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) Amendment in 9 pages.

The fee has been calculated as shown below:

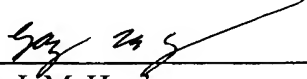
FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	11 - 20 = 0	1202 (\$18)	0 x * =	\$0
Independent Claims	3 - 4 = 0	1201 (\$88)	0 x * =	\$0
Multiple Claim		1203 (\$300)		\$0
1 Month Extension		1251 (\$110)		\$110
2 Month Extension		1252 (\$430)		\$0
3 Month Extension		1253 (\$980)		\$0
			TOTAL FEE DUE	\$110

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$110 is enclosed.
- (X) Return prepaid postcard.

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- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Lang J. McHardy
Registration No. 50,591
Agent of Record
Customer No. 20,995
(805) 547-5580

LAMEND-TRANS
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